

**SE-220****Request for Authority to Execute a Professional Services Contract**

AGENCY: _____
(Agency Name)

PROJECT: _____
(Project Number) (Project Name)

PERSON OR FIRM SELECTED

TYPE OF CONTRACT

- ☐ Single Project
☐ Indefinite Delivery

(Name) (FEIN or SSN)

(Street Address)

(City, State & Zip) (Phone) (Fax)

BUDGETARY INFORMATION (Complete **ALL** 6 items for Single Project or insert N/A in items 3-6 for IDC's)

1. FEE BASIS: ☐ Percentage ☐ Lump Sum ☐ Hourly, Not to Exceed

2. **Maximum Contract Amount:**

(for Single Projects, enter "Authorized Project Budget";
for IDC's enter "Maximum Contract Amount")

3. Construction Budget for this Contract (including Construction Contingency):

4. Basic Services Fee for this Contract:

5. Additional Services Fee for this Contract:

6. Estimated Reimbursables for this Contract shall not exceed:

Remarks:

AGENCY CERTIFICATION AND REQUEST

I hereby certify that the Agency Selection Committee conducted this A/E selection in accordance with the requirements of the SC Consolidated Procurement Code and the *Manual for Planning and Execution of State Permanent Improvements-Part II*. I further certify that the Agency has authorized, unencumbered funds available for obligation to this contract. I hereby request the approval of the State Engineer to execute the attached contract for professional services in support of the above-named Project.

BY: _____ **DATE:** _____
(Signature Agency Representative)

(Print or Type Name of Agency Representative) (Title)

APPROVED BY: _____
(State Engineer) (Date)

SUBMIT THE FOLLOWING DOCUMENTS TO OSE

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| 1. SE-220 (Original & 1 copy). | 5. Copy of all SE-215's and the SE-217. |
| 2. Copy of SE-212. | 6. Copy of SE-219. |
| 3. Selection Committee report listing all responses and reasons for selecting persons or firms to be interviewed. | 7. Copy of SE-290, completed for project start. |
| 4. Copy of signed SE-214 for each Committee member. | 8. Copy of proposed Contract signed by person or firm selected, but NOT signed by the Agency. |